



# DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BRIAN SCHWEITZER  
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## STATE OF MONTANA

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[www.dphhs.mt.gov](http://www.dphhs.mt.gov)

PO Box 8005  
HELENA, MT 59604-4210

August 11, 2006

TO: All Potential Applicants

FR: Montana Department of Public Health and Human Services  
Child and Family Services Division

RE: IN-HOME Service Program – REQUEST FOR PROPOSALS

### REQUEST FOR PROPOSALS

The Department of Public Health and Human Services, Child and Family Services Division, announces the availability of funds to serve two areas of North Western Montana. These areas are:

- (1) Service Delivery Region II, specifically to provide services to children and families in Cascade County, specifically the Great Falls area. Approximately **\$209, 855** is available to provide In-Home Services within this portion of the Region from October 1, 2006 through June 30, 2007..

### **THE APPROVED GRANT AWARD IS DEPENDANT UPON FINAL APPROVAL OF STATE AND FEDERAL FUNDING LEVELS.**

All applications must be postmarked or hand delivered no later than **5:00 p.m. Friday, September 1, 2006**. Please send one original and five copies of the proposal.

Applicants will be notified in writing on or around **Thursday, September 21, 2006**, of the approval or denial of their proposal.

**The staring date for the SFY06 In-Home Services Program is estimated to be October 1, 2006 or shortly thereafter and continues through June 30, 2007. Funding must be expended by June 30, 2007**

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## **SCHEDULE OF EVENTS**

| <u>EVENT</u>                                | <u>DATE</u>        |
|---|--------------------|
| RFP Issue Date                              | August 11, 2006    |
| Deadline for Receipt of Written Question    | August 18, 2006    |
| Deadline for Responses to Written Questions | August 21, 2006    |
| RFP Proposal Due                            | September 1, 2006  |
| Intended Date for Contract Award            | September 21, 2006 |
| Intended Date for Contract Implementation   | October 1, 2006    |

# **INFORMATION FOR APPLICANTS**

## **PURPOSE OF REQUEST FOR PROPOSAL**

The Child and Family Services Division of the Montana Department of Public Health and Human Services issues RFPs for the purpose of identifying and funding qualified service providers. The Division encourages free and open competition among providers such that it can obtain the highest quality and most cost-effective human services available. Awards are based upon pre-defined criteria. This RFP seeks providers that will help prevent child abuse and neglect through the provision of In-Home Services.

## **POTENTIAL APPLICANTS**

Local private, non-profit or public agencies are eligible to apply under this RFP. Individual professionals are also eligible to apply. Special consideration will be given to community-based programs providing an array of In-Home Services, such as: Targeted Case Management, Parent Skill Building, Family Behavior Skill Building, Organizational Skills, Supervised Visitation, Family Group Decision Making, Transportation, Respite Care, Therapeutic Counseling and others.

In keeping with best practices for home visiting Child and Family Services is interested in providers that demonstrate adequate and appropriate training as well as adequate and effective supervision. Preference will also be given to organizations whose direct service staff has had Home Specialist Training through the National Resource Council and organizations having effective staffing patterns and adequate supervision of staff.

Successful applicants are required to establish a procedure of meeting with their local CFSD office at least monthly to staff cases and communicate availability of service slots; i.e., supply and demand for services in their area. It is the responsibility of the provider to record frequency of family contact, type of contact, total hours provided for each family, hours unexpended with respect to individual families, and additional hours needed beyond requested intervention as originally specified in the 050 form and mutually agreed upon in The Family Service Plan.

## **BACKGROUND**

**The Adoption and Safe Families Act** of 1997 establishes that the federal goals for children in the child welfare system are safety, permanency, and well-being. It was enacted following President Clinton's Executive Memorandum on Adoption and was the first major child welfare reform legislation since 1980. The Act was designed to assist states and tribes in balancing family preservation and reunification with the health and safety of a child. This Act clarifies that the safety of children is the paramount concern underlying all child welfare services.

The Adoption and Safe Families Act affects the provision of services to families with children living in the home, as well as to families with children living out of the home.

Grant awards to states for this purpose are funded under provisions of Title IV-B, Subpart 2, of the Social Security Act. These funds are expended for Promoting Safe and Stable Families program initiatives to promote family strength and stability, enhance parental functioning and protect children.

The major requirements of the Adoption and Safe Families Act have been codified into Montana Code Annotated.

## **Scope**

In keeping with the **Adoption and Safe Families Act**, In-Home Services are provided to insure a child's safety within a family. The services provided to a family seek to ameliorate conditions that may lead to a removal of a child from his/her home due to abuse or neglect. In-Home Services are also used to improve the safety concerns in a family whose children have already been removed so that the children may safely be reunited.

The Adoption and Safe Families Act mandates that states, while maintaining the safety of children, make concerted efforts to prevent removal of children from their homes and to reunify families in which efforts to prevent removal failed and the children were placed in out-of-home care. The focus of Montana's In-Home Service is to divert children from entering the foster care system and reduce the duration of stay in foster care, as well as to reunify families

Time-limited reunification services are especially important within the range of In-Home Services.

The Department is requesting proposals to fund In-Home Services in this region of the state. The contractor will be a partner and a resource to the State in meeting "reasonable efforts" requirements, as defined by the Federal Government.

## **GUIDING PRINCIPLES**

- 1) The basic relationship between programs and families must be one of respect. A project's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.
- 2) Families have strengths and can change. Many maltreating families have capacities to change their abusive/neglectful behavior, given sufficient help and resources to do so.
- 3) Growing up in a family is optimal for children, as long as children's safety can be assured. Maintaining the family as a unit preserves bonding and a loving relationship with parents and siblings. Children can grow and develop within the culture and environment most familiar to them.
- 4) The most successful treatment plans are family-driven, responding to the family's stated needs rather than a categorical definition of services.
- 5) Programs are community-based, culturally and socially relevant to families and often a bridge between families and other services outside the scope of the program.

- 6) Home visiting, parenting education, other parent skill-building information about human development, and supervised visitation are essential elements of In-Home programs. Supervised visitation is crucial for reunification purposes; the longer a parent and child are physically separated, the less likely it is that reunification will occur.
- 7) Expectations for family support and education programs must be kept modest and in keeping with the project directive. These supportive services are not a substitute for essential services, i.e. affordable housing, health care, childcare, employment, etc.
- 8) Most parents do not intend to harm their children. Abuse and neglect are the result of a combination of factors: psychological, social, situational, and societal. All families may need assistance at some point to manage difficult stresses, to learn more appropriate parenting skills, and to be supported in their parenting roles.
- 9) Child maltreatment is a community problem; no single agency, individual, or discipline has the necessary knowledge, skills, resources, or societal mandate to provide the assistance needed by abused and neglected children and their families. The success of In-Home services depends on the community's ability to work in a multi-disciplinary, collaborative approach.
- 10) Local program staff need time, skill, and support to build relationships with families and children, emphasizing trust, respect, and empowerment. For programs to attend adequately to the varied support and guidance needs of families, it is critical that staff has solid organizational and financial foundations and technical assistance

### **GOALS OF IN-HOME SERVICES**

- To decrease the incidence of child abuse and neglect of referred families.
- To increase the capacities of at-risk families to nurture their children in healthy environments by providing parents with the knowledge, skills, and support to do so.
- To decrease the length of time the child remains in foster care.

### **Anticipated Outcomes**

- Reasonable efforts will be successful to prevent removal from their family of origin.
- Reasonable efforts will be successful to reunify a child from the family from which it was removed.
- Improved outcomes for permanency.
- Enhanced parent/child bonding, emotional ties, and communication.
- Increased parental skills in coping with stresses of infant and childcare.
- Improved family self-sufficiency.

## **Populations to be Served**

- Families at risk of child abuse and neglect referred by the Department of Public Health and Human Services (DPHHS) but who are not an open Child Protective Services (CPS) case.
- Families at risk of child abuse and neglect that have recently been referred to DPHHS whose children have not been removed but have an open CPS case.
- Families who have had their children removed by DPHHS and are working a treatment plan for reunification.
- The number of clients served will be limited by the size of the budget and the intensity of the services required to meet the needs of the client.
- In-Home services will be provided upon CPS referral only.

## **SUBMISSION INSTRUCTIONS**

**PROPOSALS MUST BE POSTMARKED OR HAND-DELIVERED NO LATER THAN SEPTEMBER 1, 2006.**

PROPOSALS MUST INCLUDE A STATEMENT INDICATING THE DATE OF THE RFP REQUEST AND ANY SUBSEQUENT ADDENDA. LATE PROPOSALS, REGARDLESS OF CAUSE, WILL NOT BE ACCEPTED AND THEREFORE DISQUALIFIED FROM FURTHER CONSIDERATION.

PLEASE MAIL OR DELIVER PROPOSALS TO THE DEPARTMENT'S REPRESENTATIVE:

MARCIA DIAS, PROGRAM OFFICER  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
CHILD AND FAMILY SERVICES DIVISION  
1400 BROADWAY, P.O. BOX 8005  
HELENA, MT 59604-8005

Please send one original and five copies of the proposal to the Department. Proposals submitted will be considered complete; references to information not located within the proposal will not be accepted. Prospective bidders are to organize their proposals into the format outlined in this RFP. Proposals not abiding by this format or failing to comply with these instructions may be disqualified. Prospective bidders may submit multiple proposals, in which case each proposal will be evaluated separately. Bidders must use the RFP Budget Forms that are attached.

Costs incurred in developing, preparing and delivering this RFP are entirely the responsibility of bidding parties. The Department is not responsible for any such expenses incurred. All materials submitted in response to this RFP become the State's property.

Prospective bidders should carefully review the instructions, mandatory requirements, specifications, terms and conditions set out in this RFP and promptly notify the coordinator in writing of any problems encountered upon examination of this RFP. Bidders with questions or needing clarification must submit these questions on or before August 18, 2006. The Department will provide written responses to any submitted questions by August 21, 2006. Proposals must be signed in ink by the person with legal authority to bind the agency to a contract.



## CONTENTS OF GRANT PROPOSALS AND FORMAT

Responses to the following items comprise the proposal. Excluding the Cover Letter, Table of Contents, and Required Attachments, the body of this proposal (items: 4-7 below) should not exceed 20 pages.

1) Cover Letter. This is a one-page letter to be submitted on the letterhead of the organization. The Executive Director of the organization signs it. It must include: the grant amount requested. A brief overview of the organization's experience, its goals and objectives and the project design utilized to achieve this. The letter shall include the name(s), addresses(s), and telephone number(s) and e-mail address(s) of the program coordinator if this person is different from the Executive Director.

2) Title Page. This page shall include the following: a statement that this proposal is being submitted to the Department of Public Health and Human Services/ Child and Family Services Division and the date of the proposal. Next, it shall state the name of the proposal or program submitted and the organization or individual submitting it. Also, Include the organization's EIN number. Then state the beginning and ending dates of the program and the total amount of funds being requested.

3) Table of Contents. The Table of Contents identifies the major sections of the proposal. It lists all titles of major sections and subsections along with their beginning page numbers. It should be prepared in outline form conveying a sense of coherence, unity, clarity, and logical flow.

### 4) Overview.

In this section the bidder should provide an overview of the project and the needs to be addressed. It should describe the project's goals and objectives and the program's design and its associated activities. Concisely stated it shows what is being proposed and why. It outlines what is to follow in the proposal. One-page Introductions are adequate.

### 5) Contractor's Qualifications.

**Organization/Agency.** Please include statements that detail: (1) type of organization, and when the organization began, and documents showing incorporation or non-profit status (2) the organization's mission/ goals, and how its services and philosophy have evolved such that provision of In-Home services is appropriate (3) The organization's experience with Child and Family Services related to child abuse prevention and its suitability for providing In-Home Services, (4). (5) fiscal evidence of stability, fiscal controls, audits, and program accountability.(6) collaboration and affiliation with other organizations, particularly the local Department of Child and Family Services offices; how the project will collaborate with Child and Family Services, frequency of set meetings for staffing cases and other

types of communication. (7) description of the organization's board of directors or advisory council, their qualifications and strengths, if applicable. (8) Evidence of credibility, professional accreditations, awards, letters of support particularly from local CFSD office (10) How do you insure that staff are trained to be mandatory reporters and that mandatory reporting occurs when required. (11) How do you or will you provide training pertinent to Home Visiting, particularly training provided by the National Resource Center, (12) How will you insure that staff is trained in CFSD Policy.(12) In detail, describe what skills, knowledge and experience your organization possesses that uniquely qualifies it to provide in-home services. Also, describe your agency's specialty with respect to In-Home Services delivery. **Required Attachments:** List of Board of Directors, IRS 501-C-(3), Latest IRS 990 form.

**Staff.** Please provide staff-related information for this project. (1) Include education and work experience for each person funded under this proposal. (2) Include job descriptions and corresponding resumes. (3) Detail the administrative structure and the direct service structure within the organization (4). For each direct-service position funded by this proposal, indicate the immediate supervisor overseeing staff performance and CFSD reports. Include an organizational chart with these positions. (5) Describe staff/client ratio for direct service provision. Also, provide supervisory/staff ratios if applicable.(6) .(6) Describe the frequency, duration and type of interaction between supervisor and staff regarding cases Please describe the same for staffing cases with the Child and Family Services Division's local

(7) Describe how you will insure that approximately 75% of a home-visitor's time will be to provide direct, collateral, or travel/transportation to a family or involving the family, with the remaining, 25%, devoted to administrative tasks and paperwork? Also, describe how you will insure that of that 75% of time (Billable Hours: Direct, Collateral, or Travel/Transportation) that collateral time will comprise no more than 10-15% of a visitor's time.

**Required Attachments.** resumes and job descriptions for positions funded by or participating in this project; copies of Home Specialist Certifications for direct service staff and supervisors.

Providers must also complete C-3, which contains an agency's Organizational Budget. This is the budget that includes total estimated expenditures for the organization. And C-4, Other Sources of Funding, lists all sources of revenue for an organization. Please include the estimated budget for this project within tables C-3 and C-4.

The contractor must adhere to all contract terms and agree to comply with all state and federal laws and regulations, including confidentiality and HIPPA requirements, audit requirements, record retention and publications....

## 6) The Project and How Families are Served

### **Goals and Objectives**

THE THREE PRIMARY GOALS OF THIS RFP HAVE BEEN ESTABLISHED, AS FOLLOWS:

- (1) decreasing the incidence of child abuse and neglect of referred families.
- (2) Increasing the capacities of at-risk families to nurture their children in healthy environments by providing parents with the knowledge, skills, and support to do so.
- (3) Decreasing the length of time the child remains in foster care.

## **How a Family is Served**

In keeping with these goals and objectives, please describe a typical case, referred to you by Child and Families Services Division and provide the step-by-step process you would use to serve the family. Be detailed and include the following: intake activity, eligibility criteria and referral/acceptance procedures for project services, assessments, documentation, communication, reporting, In-Home Service tools. Describe how your organization formulates a Family Service Plan and who the participants will be? Explain how you plan to integrate treatment and case plans into a service delivery model. . Also, describe the process of monitoring and evaluating the progress of this case. How do you intend to identify key barriers and then set priorities for removing these barriers? Describe how you might implement modification of a Family Service Plan and possible court involvement. If you have a form for Family Service Plans, please attach this to your proposal.

In addition, describe the overall approach and procedures that would be used as it relates to decision making, service management, and collaboration with CFSD; e.g. how clients are processed within your program. Who makes the decisions? How you would handle overload when volume of clients can't be served? How you would insure timeliness of services to be provided. This should include a description of your process of case assignment, case management, and prioritization of services to be provided and the intensity and frequency of these services. Describe the collaboration with CFSD and formal arrangements you have or will arrange with the local CFSD to staff cases and communicate monthly information on caseloads. Describe your current and proposed procedures to insure a continuity of effective service delivery. How do you handle breakdowns in service? Describe how and when clients are discharged from your program and who makes the decisions. Explain how this is in keeping with Child and Family Services Policy and how this information is conveyed to Child and Family Services and documented in the files. Describe any post-maintenance of the case, if applicable

If you use consultants or volunteers under this contract, a copy of the subcontract between the organization or individual and the contractor must be submitted to DPHHS prior to the signing of the state contract.

## **The Overall Program**

For each major type of In-Home service activity proposed, please state approximately how many persons and families you anticipate serving in a contract year. Also, indicate the 'average' number of children and families to be served at any one time. Also, describe how many hours you would propose for a family intervention (60-100 hours) and why, how these services will be broken down and the duration of an average intervention. For each type of In-Home service activity, please project the average period of time you anticipate for provision of the service. CFSD realizes that this varies depending upon family needs; however please estimate an 'average' time frame. Also, for the provision of each type of In-Home Service, please indicate the job title and education level of the person providing that service.

## **Program Qualities**

How do you insure that your program is culturally sensitive? What steps have you taken to insure that your program is family based and built upon family strengths? How do you insure that your program is comprehensive, yet flexible? Describe your program's accessibility 24 hours a day to clients? If not currently accessible 24 hours a day, what changes could you make to insure that it is? Please describe the intensity and frequency of collaboration your agency has with others in the community(s). particularly with CFSD local office...

## **Location**

Geographically, where will the proposed project be located? If there is more than one site/office, provide estimates of the number and average number of direct-service to clients at each site at any one time, as well as over a year. Also, provide, the specific array of services to be delivered at each site

**7) Budget.** Four budget sheets are required for this proposal. The Project Budget C-1 contains the project budget with each major category showing a specific dollar amount. Correspondingly, C-2 is the Budget Narrative describing and justifying the use of dollar amounts contained in C-1. The vast majority of the grant's budget should be used to fund direct services. Proposals with low administrative costs will be reviewed more favorably than proposals with higher administrative costs. Proposals with administrative costs exceeding 20-25% may be disqualified. Also, clearly identify in your budget narrative a breakdown that delineates the direct service costs and administrative costs. Also describe how your agency will ensure that the budget is managed in such a way as to ensure that funds will be maximized within the full contract period. This should include a description of budget management that will guard against over spending and under spending. List positions on budget sheets by FTE or portions of FTEs. Payments made under this contract for travel; such as per diem, lodging and/or mileage must not exceed those established by the state of Montana for its employees.

Providers must also complete C-3, which contains an agency's Organizational Budget. This is the budget that includes estimated total expenditures for the organization. This should include the amount you are requesting through this proposal. Providers must also complete C-4, Other Sources of Funding, Include within C-4 any amount you are request through this proposal.

## **Required Attachments**

Federal regulations require that applicants sign and return the following assurances with their proposal:

- Certification Regarding Environmental Tobacco Smoke
- Certification of Compliance with Certain Requirements for Department of Public Health and Human Services Contractors (June 1999)
- Assurances – Non-Construction Programs, Federal Standard Form 424B

Copies of the above stated Assurances/Certifications and other required attachments are listed in the Appendix

## **SELECTION PROCESS**

### **Overview**

RFP responses must provide all of the required information in writing. The RFP is posted on the Department of Public Health and Human Services website. Notice that this RFP is posted upon the website will be sent to all entities indicating an interest in submitting a proposal, as well as present contractors and recent contractors. The Department of Public Health and Human Services, Child and Family Services Division, reserves the right to:

- Award contracts to proposals that are based upon considerations other than the lowest bid.
- Reject any or all proposals received
- Communicate with prospective bidders and answer questions. However, only questions and responses in writing can be legally challenged.

### **Questions and Answers and Clarifications**

The Division may require a potential contractor to clarify information in a proposal before awarding a contract. However potential contractors or bidders may not make unilateral changes in proposals except to correct obvious mistakes or inconsistencies.

Prospective contractors may be invited to negotiate. Depending on the outcome of the negotiations, prospective contractors may amend their proposals based upon the negotiations. All other prospective contractors will be notified of their status when contracts are awarded.

All proposals will be available for public inspection after awards for this RFP have been made. The state office of the Department of Public Health and Human Services, Child and Family Services Division is the designated site for any public inspections.

Oral questions will be answered orally. Although such conversations may be helpful they are not official nor something a prospective contractor can rely upon.

All written questions must be received by approximately four weeks before the due date. All written questions must be received by August 18, 2006. Written responses will be issued by August 21, 2006 and the final proposal is due by September 1, 2006.

All written questions addressed to Marcia Dias and received by August 18, 2006 will receive an official response. Official responses will be distributed to all potential contractors requesting the RFP. The names of those submitting questions will not be disclosed.

### **The Selection Committee**

A Selection Committee will conduct the necessary steps to determine the contract awards. When the proposals first arrive they will be divided into "responsive" and "non-responsive" categories. Those, which are classified as "non-responsive", will be eliminated from further consideration.

However, proposals may be found as non-responsive at any point during the evaluation process if any required information is lacking, the proposal is not within the required scope of the RFP, or the submitted price is excessive or inadequate in keeping with the RFP.

The Evaluation Committee will read each response. The committee will score each section of the proposal in accordance with their perception of how this information matches the official criteria requested in the RFP

The Evaluation Process

The Evaluation Criteria. The Evaluation Committee will review and evaluate the offers according to the following criteria.

|  |    |
|--|----|
| (1) Cover Letter, Title Page, Abstract, Overview | 5  |
| (2) Offertory's Qualifications                   | 40 |
| (.4) The Service Process and Project Design      | 40 |
| (6) Budget                                       | 10 |
| (7) Assurances                                   | 5  |

## CONTRACT AWARD

The Evaluation Committee reviews and rates each proposal. Upon meeting and reaching concurrence it makes funding recommendations to the Department. The Department then selects the most suitable proposals to fund. The Child and Family Regional Administrator may then invite successful applicants to negotiate the final contracts. Once a contract is successfully negotiated or if its approval requires no negotiation, the Department sends out a Notice of Award.

Unsuccessful bidders will also be notified at this time as to the status of their proposals.

The Department will write and approve a formal contract. After Departmental approval, the contract will be sent, by certified mail, to successful applicants to sign and return to the Department. Signed contracts should be returned within ten (10) working days.

A prospective contractor invited to negotiate shall not commence work or incur costs as if he were a contractor until the negotiation is complete and there has been an official Notice of Award. Any expenses incurred prior to the Notice of Award are entirely at the bidder's expense.

Every successful contractor must provide the Department with proof of Workers' Compensation Insurance or Independent Contractors Exemption covering the contractor while performing work for the State of Montana. (Ref. 39-71-401 and 39-71-405 MCA). Proof of insurance/exemption must be valid for the complete period of contract time. This must be received by the Department within ten (10) working days of the issuance of a Notice of Award. The number for the State Compensation Mutual Insurance Fund is (406) 444-6500. An exemption can be obtained through the Department of Labor, Employment Relations Division (406) 444-7734.

### Expectations

The Department estimates that it will enter into a contract with a successful applicant by **October 1, 2006**. A sample contract is attached.

Successful contractors will be expected to keep the Department's contract liaison informed about contract performance issues and any problems encountered during the contract year. Contractors are also expected to seek clarification if there is any aspect of the contract or program expectations that is not understood. The Department's liaison will communicate, meet, advise, and provide assistance to the program directors as needed.

### Reporting Requirements

All contractors must provide monthly service logs to the liaison. These monthly logs must be on the template provided by the Department. Failure to submit these monthly service logs may result in a delay of payment to the contractor until the log is submitted. Logs should be submitted no later than 25 days following the particular month of service

Also, the contractor shall bill the Department monthly for reimbursement of expenditures. This billing must be on Contractor Financial Reports (DPHHS-AD-035) or another designated Departmental form. Contractors will use a fee-for-service billing method; contractors will report the number of billable hours times the approved fee-for-service rate to calculate monthly expenditures on the Departmental form. the following month. For In-Home Services the acceptable hourly rate for billable hours is \$30-\$45, which is to be determined by contractor, based upon annual expenditures. If an organization provides all services with a LCPC, then the proposed rate may be \$55 per hour for billable hours. This billing should occur on the last day of the month or as soon as possible

Financial Reports should be submitted no later than 25 days following the particular month being billed for. A final statement of costs must be submitted within 30 days of the expiration or termination of the contract.

### Subcontracting

Any subcontracting must be approved by the Department. This approval is to be obtained prior to putting the Final contract in place between the In-Home provider and CFSD. This subcontract must be signed by contractor and subcontractor and a copy sent to the Department, and it becomes incorporated into the contract.

The contractor must adhere to all contract terms and agree to comply with all state and federal laws and regulations, including confidentiality and HIPPA requirements, audit requirements, record retention and publications.

## **APPENDIX**

As mentioned earlier the following items are to be attached as they are considered part of your proposal and will become part of any ensuing contract.

- A narrative proposal, addressing items listed on pages 9-12.

- BUDGET FORMS C-1, C-2, C-3, C-4

- IRS 990 FORMS

- IRS 501-C-(3)

- ASSURANCES

- SCOPE, LISTED IN THE RFP

- JOB DESCRIPTIONS

- RESUMES

- PROOF OF WORKMAN'S' COMPENSATION INSURANCE

- PROOF OF OTHER INSURANCE: GENERAL LIABILITY AND PROFESSIONAL

- ORGANIZATIONAL CHART

- CHILD AND FAMILY SERVICES DIVISION POLICY , SECTION 205-1



*In Home Services—*  
Attachment C-1: Project Budget  
**Fiscal Year 2007 (October 1, 2006-June30, 2007)**

| Budget Items   | Proposed Amount |
|--|-----------------|
| <b>A. Personnel &amp; Salaries</b> (If more than 6 employees, attach others) |                 |
| (1)  |                 |
| (2)  |                 |
| (3)  |                 |
| (4)  |                 |
| (5)  |                 |
| (6)  |                 |
| (7) Total Salaries & Wages (add items 1 - 6)                                 |                 |
| (8) Total Fringe Benefits & Taxes for all employees                          |                 |
| SUBTOTAL --TOTAL PERSONNEL (add items 7 & 8)                                 |                 |
|  |                 |
| <b>B. Operating Expenses</b>   |                 |
| (9) Consumable Supplies  |                 |
| (10) Equipment Purchases   |                 |
| (11) Equipment Repair/Maintenance  |                 |
| (12) Printing, Photocopying  |                 |
| (13) Postage   |                 |
| (14) Phone, Fax, Internet  |                 |
| (15) Rent, Utilities, Lease  |                 |
| (16) Insurance   |                 |
| (17) Audit   |                 |
| SUBTOTAL --TOTAL OPERATING EXPENSES (add items 9-17)                         |                 |
|  |                 |
| <b>C. Travel/Transportation</b>  |                 |
| (18) Mileage   |                 |
| (19) Lodging & Per Diem  |                 |
| (20) Other   |                 |
| SUBTOTAL --TOTAL TRAVEL/TRANSPORT (add items 18-20)                          |                 |
|  |                 |
| <b>D. Subcontracts</b>   |                 |
| (21) Consultant/ Technical Assistance  |                 |
| (22) Contracted Program Activities   |                 |
| SUBTOTAL --TOTAL CONTRACTURAL (add items 21 + 22)                            |                 |
|  |                 |
| <b>E. Program Expenses</b>   |                 |
| (23) Hard Services   |                 |
| (24) Materials   |                 |
| (25) Other, specify  |                 |
| SUBTOTAL --TOTAL PROGRAM EXPENSES (add items 23-25)                          |                 |
|  |                 |
| <b>F. Miscellaneous</b>  |                 |
| (26) Please specify:   |                 |
|  |                 |
| <b>G.TOTAL IN-HOME CONTRACT EXPENSES</b> (add items 1-26)                    |                 |

*In Home Services*  
Attachment C-2: Budget Narrative  
**Fiscal Year 2007 (October 1, 2006-June30, 2007)**

**Personnel & Salaries**

**Operating Expenses**

**Travel/Transportation**

**Program Expenses Subcontracts**

**Miscellaneous**

**Please describe the breakdown within your budget as to direct service costs and administrative costs:**

*In Home Services*  
Attachment C-3: Organizational Budget  
Fiscal Year 2007 (October 1, 2006-June30, 2007)

| All Budgets  | Organizational Total Costs |
|--|----------------------------|
| <b>A. Personnel &amp; Salaries</b> (If more than 6 employees, attach others) | \$                         |
| (1)  |                            |
| (2)  |                            |
| (3)  |                            |
| (4)  |                            |
| (5)  |                            |
| (6)  |                            |
| (7) Total Salaries & Wages (add items 1 - 6)                                 |                            |
| (8) Total Fringe Benefits & Taxes for all employees                          |                            |
| SUBTOTAL --TOTAL PERSONNEL (add items 7 & 8)                                 |                            |
|  |                            |
| <b>B. Operating Expenses</b>   |                            |
| (9) Consumable Supplies  |                            |
| (10) Equipment Purchases   |                            |
| (11) Equipment Repair/Maintenance  |                            |
| (12) Printing, Photocopying  |                            |
| (13) Postage   |                            |
| (14) Phone, Fax, Internet  |                            |
| (15) Rent, Utilities, Lease  |                            |
| (16) Insurance   |                            |
| (17) Audit   |                            |
| SUBTOTAL --TOTAL OPERATING EXPENSES (add items 9-17)                         |                            |
|  |                            |
| <b>C. Travel/Transportation</b>  |                            |
| (18) Mileage   |                            |
| (19) Lodging & Per Diem  |                            |
| (20) Other   |                            |
| SUBTOTAL --TOTAL TRAVEL/TRANSPORT (add items 18-20)                          |                            |
|  |                            |
| <b>D. Subcontracts</b>   |                            |
| (21) Consultant/ Technical Assistance  |                            |
| (22) Contracted Program Activities   |                            |
| SUBTOTAL --TOTAL CONTRACTURAL (add items 21 + 22)                            |                            |
|  |                            |
| <b>E. Program Expenses</b>   |                            |
| (23) Hard Services   |                            |
| (24) Materials   |                            |
| (25) Other, specify  |                            |
| SUBTOTAL --TOTAL PROGRAM EXPENSES (add items 23-25)                          |                            |
|  |                            |
| <b>F. Miscellaneous</b>  |                            |
| (26) Please specify:   |                            |
| <b>G.TOTAL ORGANIZATIONAL – ALL EXPENSES</b> (add items 1-26)                |                            |

***In Home Services***

Attachment C-4: All Sources of Income  
Fiscal Year 2007 (October 1, 2006-June30, 2007)

| <b>II Sources of Revenue</b>  | <b>Total Amounts</b> |
|---|----------------------|
| A. Grants   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
| B. Fees/Client Billing  |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
| C. Government Reimbursement (e.g. Medicaid, Medicaid Match)   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
| D. Grassroots Fundraising (Donations, Special Events, Merchandizing Items, Workplace Giving, Other) |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

|                    |   |
|--------------------|---|
| <b>Background</b>  | <p>The requirements of the Adoption and Safe Families Act of 1997 compels states to make concerted efforts to prevent removal of children from their homes and to reunify families in which efforts to prevent removal failed and the children were placed in out-of-home care. The Act requires that federal funding previously allocated for either family support or family preservation services under the (former) Family Preservation and Support Services grant must be dedicated to four service categories:</p> <ul style="list-style-type: none"> <li>• Community-based family support services;</li> <li>• Family Preservation services;</li> <li>• Time-limited family reunification services; and</li> <li>• Adoption promotion and support services.</li> </ul> <p>The State's focus for in-home services is to divert children from entering the foster care system and reduce the duration of stay in foster care. In-home services are services delivered to a family to ameliorate conditions that may lead to a removal of a child from his or her home due to abuse or neglect. These services are also used to improve the safety concerns in a family whose children have been removed so that the children may safely be reunited.</p> |
| <b>Definitions</b> | <p>The first three categories of services (listed above) are covered in this policy and are defined as:</p> <p><b>Family support services.</b> Community-based services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting ability, to afford children a safe, stable and supportive family environment, and otherwise to enhance child development.</p> <p><b>Family preservation services.</b> Services for children and families designed to help families (including adoptive and extended families) at risk or in crisis, including:</p> <ul style="list-style-type: none"> <li>• Service programs designed to help children: Where safe and appropriate, return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for the child, in some other planned, permanent living arrangement;</li> </ul>  |

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

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- Preplacement preventative services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families;
- Service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement;
- Respite care of children to provide temporary relief for parents and other care givers (including foster parents); and
- Services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition.

**Time-limited family reunification services.** Services and activities that are provided to a child (and the family) who has been removed from his/her home and placed in foster care and to parents or primary care giver of such a child, to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15 month period that begins on the date the child is considered to have entered foster care. These services may include the following:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse
- Treatment services;
- Mental health services;
- Assistance to address domestic violence.
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- Family Group Decision Making;

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

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- Supervised visitation;
- Transportation to and from any of the above services.

### Goals

When services are available and there is no imminent risk of harm to the child(ren) by remaining in the home, the goals of the agency are to:

- Increase the capacities of at-risk families to nurture their children in healthy environments by providing parents with the knowledge, skills and support to do so; and
- To decrease the length of time the child remains in foster care.

**NOTE:** In-home services may be provided by division personnel ('in-house') or through contracted providers, as available in each region. When in-home services are provided in-house, social workers refer families for services following the procedures established within their particular regions. This policy section applies directly to contracted providers.

### Eligibility Criteria for In-Home Services

The following children are eligible for in-home services:

- Child(ren) are at risk of child abuse and neglect but the social worker has **not opened** a Child Protective Services (CPS) case;
- Child(ren) are at risk of child abuse and neglect and have recently been referred to the Department but the child(ren) has not been removed from the parental home and the social worker **has opened** a CPS case; or
- Child(ren) are placed in out-of-home care by the Department and the parent(s) are participating in a treatment plan for reunification.

The family must:

- Display the ability to provide minimally acceptable safe child care;
- Be willing to accept the service offered; and
- Live in a home which does not pose an immediate

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

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threat to the health or safety of the child or to the service provider.

### **Social Worker Action Referral for Services**

If the social worker determines, through the receipt of a report of abuse or neglect, that a child has been or is in danger of abuse or neglect, the social worker may refer the family for in home services if the child(ren) meet one of the criteria for eligibility.

Social workers must submit a completed CFSD referral form (Form 050) when making referrals to in-home services programs. This Referral Form 050 can be downloaded from Outlook, Public Folders, Forms, Form 050, or received as a template file from the Division, to be installed on individual computers. See copy at the end of this section. The social worker may refer the family for family support services, family preservation services, or time-limited reunification services. The referring social worker will provide the home visitor with the following information regarding the family:

- a) Department's treatment plan (as applicable for open CPS cases);
- b) The basis for CPS involvement and the status of Court action;
- c) Expectations of services to be provided;
- d) The purpose for the services to be provided;
- e) Frequency of services;
- f) The anticipated length of services to be provided; and

When the family has an open CPS case at a minimum the In-Home contractor must provide a written report monthly to the social worker. If the contractor detects a new safety issue this will be reported to the worker.



## Child and Family Services Policy Manual: Child Protective Services In-Home Services

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1. Parenting Skill Building including but not limited to:
  - Teaching appropriate parenting skills such as alternatives to corporal punishment, which encourages a “no hit” policy;
  - Age-appropriate expectations;
  - Parent as role model;
  - Choice and consequences; and
  - Display of greater parent/child affection and trust.
  
2. Family Behavior Skill Building
  - Anger management techniques;
  - Teaching ways to prevent child abuse and neglect and reducing family conflict;
  - Teaching appropriate communication skills; and
  - Teaching assertiveness skills.
  
3. Organizing Skills
  - Teaching budgeting skills;
  - Teaching housekeeping, homemaking and other organizational skills needed to provide a positive environment to include modeling positive behavior such as assisting the family to clean the home;
  - Referring and linking family with follow-up services when necessary;
  - Transporting or arranging for transportation for families; and
  - Helping families develop skills to maintain ongoing progress.
  
4. Medical and Dental Referrals
  - Workers shall indicate whether or not there is a need for: **(1) dental care, (2) immunizations, (3) physical check-ups, (4) mental health**

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

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**services, and (5) any other condition warranting medical attention.** The worker shall indicate health needs on Form 050. If the worker is not able to determine the status of these needs at the time of referral to In-Home services, then the worker must indicate on Form 050 that the in-home visitor should make this determination and if there is a need, to then follow-through with the appropriate referrals.

5. Linking other Resources:

- Referring and linking families with needed concrete services such as aiding the family to obtain needed furniture, beds, etc.

6. Parental Support Services:

- Community Parent Education Classes
- Parent Support Group
- Respite Care
- Day Care

7. Reunification Activities:

- Supervised Visitation (contractors to use forms CFS-209 and CFS-208)
- Family Group Decision Making for Reunification Purposes (forms CFS-159 and CFS-160)
- Any of the above listed services used for the purpose of reunifying families.

In-home services are primarily provided to the child and parent(s) in the family home. Services may include, but are not limited to supervised visitation between parent(s) and a child who is in foster care. In-home services also include time-limited reunification. The frequency and intensity of services furnished must be identified in the DPHHS referral form (CFS 050) and further outlined in the provider's Family Service Plan (distinguishable from the Department's Treatment Plan).

Services can include attendance and participation of the home visitor in Family Group Decision Making meetings scheduled on behalf of the family being served by the

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

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contractor.

### **Family Group Decision Making**

If the case is open and if the family is not already participating in Family Group Decision Making, the contractor must offer the family a chance to participate in this service. The contractor must use the FGDM Offer of Meeting Form (CFS 159), on which the family indicates that it either accepts or rejects a chance to participate in Family Group Decision Making. If the family indicates acceptance of the chance to participate in FGDM, then the family must sign the FGDM Referral Form (CFS 160). The contractor must then send the Referral Form on to the regional FGDM coordinator.

Regardless of whether the contractor is providing preventive or reunification services, the contractor must offer the family the chance to participate in FGDM, if the case is open and the family is not already participating in FGDM. If the contractor is actively providing In-Home services to a family, that contractor should be involved in FGDM meetings, regardless of whether or not the contractor has initiated that activity.

### **Educational Classes**

Families may not be referred for educational classes only. Services must include a combination of home visiting services and classes or home visiting services only.

### **Community Services**

Other services provided by the community, which might be used to maintain the child in his/her home while the social worker and the parents work to improve the home situation, may include the following:

- Mental Health Counseling
- Alcohol and Drug counseling
- Public Health Nurse
- Social Work Counseling
- School Counselors
- Medical Services
- Planned Parenthood
- Services for Special Needs Children
- Day Care
- Respite Care
- Parenting Classes
- Parents Anonymous
- Other Support Groups
- Big Brothers and Big Sisters
- Financial Assistance Services
- Vocational Rehabilitation Services
- Housing/Emergency Housing

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

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- Utility Assistance
- Domestic Violence Shelters
- Churches
- Relative Support, and
- Information, Referral and Follow-up

### **In-Home Services Provider Action Acceptance/Denial**

The in-home services provider notifies the referring social worker of the acceptance or denial of the referral.

### **Initial Contact**

Once the family is accepted for in-home services, the provider must attempt to contact the family “face-to-face” within 72 hours from the time the referral was accepted. If unable to make “face-to-face” contact, the referring social worker will be notified immediately.

### **Family Service Plan**

The in-home services provider develops a family service plan within 30 days after services begin. The family service plan is developed by the contractor, involving appropriate family members and the social worker (when the family has an open CPS case); dated signatures are also required on the plan. Family service plans are to be reviewed/revised at least quarterly, involving the social worker, the family and the in-home services provider.

All revisions to the family service plan are to include dated signatures of all participants, as well as the in-home services program supervisor. The in-home services provider furnishes the social worker with a copy of the initial family services plan and any revisions thereof within two (2) weeks of obtaining all signatures.

The in-home services home visitor and the in-home services supervisor will regularly review individual case progress on each family being served and consult with the social worker on possible revisions to the family services plan.

### **Progress Updates**

The CFSD referral form (Form CFS 050) allows for social workers to determine the frequency and content of the updates on each family’s progress and response to in-home services.

### **Termination of Services**

The in-home services contractor should provide the following services:

- Notify the social worker in writing, two (2) weeks prior to the termination of services as possible (when the family has an open CPS case). The social worker may

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

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request the in-home services provider to extend the service period with including explanation (e.g., demonstrate reasonable efforts made for the court);

- Case closure should occur when the level of face-to-face service is less than once every six (6) weeks and/or when a family has relocated out of the contract service area;
- The provider is encouraged to conduct a termination interview, and the social worker may be invited to the closure interview (especially if the family has an open CPS case); and
- A copy of a termination summary must be submitted to the assigned social worker within 30 days of closure (when the family has an open CPS case).

Each termination summary shall include: An assessment of the family's problems and service needs, including strengths and weaknesses; a listing of the services provided; a summary of the family's progress in addressing the objectives in the family service plan, including the family's reaction to services; and a listing of any follow-up recommendations for additional service needs the family may have.

### Child Abuse and Neglect Reporting

An employee that contracts with the Department to provide direct services to children shall promptly report knowing or having reasonable cause to suspect that a child is abused or neglected to the Department. The in-home services provider must report suspected or known child abuse or neglect to the child abuse and neglect hotline (Central Intake). In-home services providers reporting known or suspected child abuse and neglect to the social worker does not substitute for the reporting requirements to Central Intake. Inform In-Home Service providers who report abuse/neglect situations to you (the social worker), that they must report this to Central Intake.

### References

Mont. Code Ann. § 41-3-101  
 Mont. Code Ann. § 41-3-201  
 Mont. Code Ann. § 41-7-102 et seq.  
 Mont. Code Ann. § 41-3-30

Rev. 10/03; Rev. 10/04; Rev. 10/05

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

### 1. ☐ DPHHS REFERRAL ☐ DPHHS UPDATE/CHANGE

Social Worker \_\_\_\_\_ Referral Date \_\_\_\_\_  
 Phone, Office \_\_\_\_\_ Phone, Cell/ Other \_\_\_\_\_

#### CPS CASE STATUS

Family Case (CPS) Status:

- ☐ Not Opened  
☐ Opened  
☐ Closed

If Open, Court Action:

- ☐ None  
☐ Pending  
☐ Current Court Action

### 2. CHILD'S CURRENT LIVING

Birth Parent or Legal Guardian ☐ Yes ☐ No  
 Non-Related Foster Parent: ☐ Yes ☐ No  
 Kinship Foster Parent ☐ Yes ☐ No

#### PRIMARY BASIS FOR CPS INVOLVEMENT

- ☐ Support Child with Birth Family/Legal Guardians  
☐ Without effective preventive services, Foster Care is the Planned Arrangement for the Child  
☐ Maintain Child in Foster or Kin-Foster Home  
☐ Reunify Child with Family

\_\_\_\_\_  
 Signature of CFSD Social Worker

Describe safety precautions \_\_\_\_\_

### 3. RECIPIENT OF IN HOME SERVICES

Recipient Role ☐ Parent ☐ Relative ☐ Foster Parent

First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ SSN \_\_\_\_\_

Education/ Highest Grade Completed \_\_\_\_\_

Race/Ethnicity ☐ Am Indian ☐ African Am.  
☐ Asian ☐ Hispanic  
☐ White ☐ Other

Address \_\_\_\_\_ City \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

Employment \_\_\_\_\_

Phone (Wk) \_\_\_\_\_ (Other) \_\_\_\_\_

Household Structure

- ☐ Single Parent – no partner in home  
☐ Married and living with spouse  
☐ Living w/Partner  
☐ Living w/Kin

Spouse/Partner of Recipient of In Home Services

First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ SSN \_\_\_\_\_

Education/ Highest Grade Completed \_\_\_\_\_

Race/Ethnicity ☐ Am Indian ☐ African Am.  
☐ Asian ☐ Hispanic  
☐ White ☐ Other

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address, if different \_\_\_\_\_

Employment \_\_\_\_\_

Phone(Wk) \_\_\_\_\_ (Other) \_\_\_\_\_

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

### 4. IF GOAL IS TO REUNIFY CHILD WITH FAMILY, FILL IN FOR SUBSTITUTE CARE GIVER

|  |  |
|--|--|
| <b>Substitute Care Giver</b><br><input type="checkbox"/> Foster Parent <input type="checkbox"/> Kin <input type="checkbox"/> Guardianship<br><br>First _____ Last _____ MI _____<br>Address _____<br>Street                                      City                                      Zip<br>Mailing Address, if different _____<br><br>Employment _____<br><br>Phone(Wk) _____ (Other) _____ | <b>Spouse</b><br><br>First _____ Last _____ MI _____<br>Address _____<br>Street                                      City                                      Zip<br>Mailing Address, if different _____<br><br>Employment _____<br><br>Phone(Wk) _____ (Other) _____ |
|--|--|

### 5. CHILDREN

| (Last, First, MI) | SSN # | Sex<br>M/F | Race:<br>Am Ind.<br>Asian<br>Black<br>White<br>Other | DOB | Relationship to<br>Primary<br>Caregiver | Child in Home  |
|-------------------|-------|------------|--|-----|---|--|
|                   |       |            |  |     |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |       |            |  |     |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |       |            |  |     |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |       |            |  |     |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |       |            |  |     |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |       |            |  |     |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(If more than six children, report on separate sheets)

### 6. CHECK THE REQUESTED SERVICES AND LIST EXPECTATIONS:

#### A. Supervised Visitation

|  |
|--|
| Total Visitation Hours (a range of hours may be listed)<br>_____ hours per week<br>_____ hours per month<br>Participants in Visitation _____<br>Anyone who cannot participate in Visitation? _____<br>Location Specifics _____<br>Transportation Details (e.g., who will transport, departure/arrival sites) _____<br>Special Considerations/Conditions) _____ |
|--|

#### B. Participation in Family Decision Making

|   |
|---|
| Date of Most Recent Meeting _____<br>Date of Next Scheduled Meeting _____<br>Treatment Agreement: Effective Dates: (_____ to _____)<br>Treatment Agreement: <input type="checkbox"/> Attached <input type="checkbox"/> Forthcoming<br>Comments/Considerations: ( e.g. Family has refused FGDM, Coordinator has deemed FGDM inappropriate) |
|---|

## Child and Family Services Policy Manual: Child Protective Services In-Home Services

### C. Skill Building and Other Needs

☐ Occupational Skill Building (GED, Vo-Tech, job readiness classes)

\_\_\_\_\_

\_\_\_\_\_

☐ Parenting Skill Building (appropriate discipline, role modeling, age appropriate expectations, bonding)

\_\_\_\_\_

\_\_\_\_\_

☐ Family Behavior Skill Building (anger management, preventing conflict, communication, assertiveness)

\_\_\_\_\_

\_\_\_\_\_

☐ Organizational Skills (budgeting, shopping, meal preparation, housekeeping, maintaining home, problem solving)

\_\_\_\_\_

\_\_\_\_\_

☐ Transportation (arranging for or transporting, for reunification, planned visitations, family activities, support group, services)

\_\_\_\_\_

\_\_\_\_\_

☐ Medical Needs

|                          |                              |                             |  |       |
|--------------------------|------------------------------|-----------------------------|--|-------|
| Immunizations            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known, Please Determine | _____ |
| Physical Checkups        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known, Please Determine | _____ |
| Mental Health Services   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known, Please Determine | _____ |
| Substance Abuse Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known, Please Determine | _____ |
| Other Medical Conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known, Please Determine | _____ |
| Dental Needs             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known, Please Determine | _____ |
| Dental Check-Up          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known, Please Determine | _____ |

☐ Linking Other Resources (housing, public assistance, food share or hard services such as beds, other furniture)

\_\_\_\_\_

☐ Parental Support Services

☐ Community Parent Education Classes \_\_\_\_\_

☐ Parent Support Group \_\_\_\_\_

☐ Respite Care \_\_\_\_\_

☐ Other, please describe \_\_\_\_\_



## Child and Family Services Policy Manual: Child Protective Services In-Home Services

### D. Home Visiting

Home Visiting Total Hours (face-to-face), please fill in one:

\_\_\_\_\_ hours per week  
OR  
\_\_\_\_\_ hours biweekly  
OR  
\_\_\_\_\_ hours per month

Estimated Length of In-Home Services: \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

**In-Home Providers will now provide a written monthly report to the Referring Social Worker.**

**This is the minimum reporting requirement. More frequent reporting is acceptable, Social Workers can indicate the need for more frequent reporting.**

Written Updates should include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note if there is a need to report to SW more often than monthly.

\_\_\_\_\_  
\_\_\_\_\_.

### 7. SERVICES CURRENTLY BEING PROVIDED

- ☐ Family Group Decision Making \_\_\_\_\_
- ☐ Mental Health Case Management \_\_\_\_\_
- ☐ Therapy \_\_\_\_\_
- ☐ CD Treatment \_\_\_\_\_
- ☐ Other Medical Services \_\_\_\_\_
- ☐ Dental Services \_\_\_\_\_
- ☐ Support Group \_\_\_\_\_
- ☐ Foster Care \_\_\_\_\_
- ☐ Public Housing \_\_\_\_\_
- ☐ Half-way House \_\_\_\_\_
- ☐ Respite \_\_\_\_\_
- ☐ Day Care \_\_\_\_\_
- ☐ Public Assistance \_\_\_\_\_
- ☐ Job Training \_\_\_\_\_
- ☐ DD Service \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Agency Name** \_\_\_\_\_

Agency Person Taking Referral \_\_\_\_\_ Date \_\_\_\_\_

Received by: ☐ Phone ☐ Fax ☐ In-Person ☐ letter

Services Requested: ☐ Accepted ☐ Denied

If Denied, State the Reason: ☐ No Open Slots ☐ Unable to Provide Requested Services

☐ Other, please describe: \_\_\_\_\_

Notice to Referring Worker of Acceptance/Denial:

Notice Given by \_\_\_\_\_ Date \_\_\_\_\_

☐ Written ☐ Verbal

PLEASE ATTACH THE NEW **INVESTIGATIVE SAFETY ASSESSEMENT** FOR THIS FAMILY